

E-filing

FILED
66 MAR 18 PM 2:52
RICHARDSON, U.S. DISTRICT CLERK
NORTHERN DISTRICT OF CALIFORNIA

1 PIERRE LEBON HOFFMAN P-22734
2 s.v.s.p
3 P.O.BOX 1050
4 SOLEDAD, CA 93960

5 In Pro Per

6
7 UNITED STATES DISTRICT COURT
8 NORTHERN DISTRICT OF CALIFORNIA

9 PIERRE LEBON HOFFMAN,)
10 Plaintiff,)
11 Plaintiff,)
12 vs.)
13 DR. JOHN D. KASAWA)
14 RN DAN JEANS)
15 Defendant.)

CASE NO. 15-01

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

JW

16 I, PIERRE L. HOFFMAN, declare, under penalty of perjury that I am the (PR)
17 plaintiff in the above entitled case and that the information I offer throughout this application
18 is true and correct. I offer this application in support of my request to proceed without being
19 required to prepay the full amount of fees, costs or give security. I state that because of my
20 poverty I am unable to pay the costs of this action or give security, and that I believe that I am
21 entitled to relief.

22 In support of this application, I provide the following information:

23 1. Are you presently employed? Yes No X
24 If your answer is "yes," state both your gross and net salary or wages per month, and give the
25 name and address of your employer:

26 Gross: N/A Net: _____

27 Employer: _____

28 _____

1 If the answer is "no," state the date of last employment and the amount of the gross and net
2 salary and wages per month which you received. (If you are imprisoned, specify the last
3 place of employment prior to imprisonment.)

4

N/A

7 2. Have you received, within the past twelve (12) months, any money from any of the
8 following sources:

9 a. Business, Profession or Yes No
10 self employment

11 b. Income from stocks, bonds, Yes No
12 or securities?

13 c. Rent payments? Yes No X

14 d. Pensions, annuities, or Yes No

17 Social Security or other govern-
18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
20 received from each.

21

23 3. Are you married? Yes No

34. Spouse's Full Name: DECEASED

25. Spouse's Place of Employment:

26. Spouse's Monthly Salary, Wages or Income:

27 || Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support: \$ _____

1 b. List the persons other than your spouse who are dependent upon you for
 2 support and indicate how much you contribute toward their support. (NOTE:
 3 For minor children, list only their initials and ages. DO NOT INCLUDE
 4 THEIR NAMES.).

5 N/A

6 7. Do you own or are you buying a home? Yes No X

8 Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

9 6. Do you own an automobile? Yes No X

10 Make _____ Year _____ Model _____

11 Is it financed? Yes No If so, Total due: \$ _____

12 Monthly Payment: \$ _____

13 7. Do you have a bank account? Yes No X (Do not include account numbers.)

14 Name(s) and address(es) of bank: _____

15 _____

16 Present balance(s): \$ _____

17 Do you own any cash? Yes No Amount: \$ _____

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
 19 market value.) Yes No X

20 _____

21 8. What are your monthly expenses?

22 Rent: \$ N/A Utilities: _____

23 Food: \$ _____ Clothing: _____

24 Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

28 9. Do

1 you have any other debts? (List current obligations, indicating amounts and to whom they are
2 payable. Do not include account numbers.)

3 N/A

4

5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes No X

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9

10 N/A

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

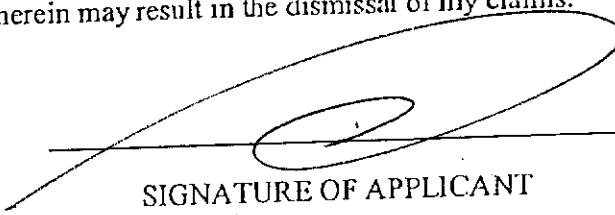
13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15 March 15, 2008

16

17 DATE

SIGNATURE OF APPLICANT



18

19

20

21

22

23

24

25

26

27

28

1 PIERRE LEBON HOFFMAN P-22734

2 S.V.S.P

3 P.O.BOX 1050

4 SOLEDAD, CA 93960

Case Number: _____

5 In Pro Per

6

7

8

9 CERTIFICATE OF FUNDS

10 IN

11 PRISONER'S ACCOUNT

12

13 I certify that attached hereto is a true and correct copy of the prisoner's trust account

14 statement showing transactions of _____ for the last six months

15 at

16 [prisoner name]

17 _____ where (s)he is confined.

18 [name of institution]

19 I further certify that the average deposits each month to this prisoner's account for the

20 most recent 6-month period were \$ _____ and the average balance in the prisoner's

21 account each month for the most recent 6-month period was \$ _____

22

23 Dated: _____

24 [Authorized officer of the institution]